

KPDES FORM 1

AJ# 1536

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

CK 200 -

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE
A. Name of business, municipality, company, etc. requesting permit Willett Healthcare		0 0 7 7 4 2 9
B. Facility Name and Location Autumn Ridge Personal Care	C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.	
Facility Location Name: Autumn Ridge Personal Care	Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Sam Willett/Willett Healthcare	
Facility Location Address (i.e. street, road, etc., not PO Box): 4880 State Route 121 South	Mailing Address: 315 W. Broadway	
Facility Location City, State, Zip Code: Mayfield, KY 42066	Mailing City, State, Zip Code: Mayfield, KY 42066	
	Facility Contact Telephone Number: (270) 247-3345	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

24 bed Retirement Home

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 8051-8059 Retirement Home

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: Graves

City where facility is located (if applicable): Mayfield

C. Body of water receiving discharge: Unnamed tributary at mile point 0.32 to Little Mayfield Creek at mile point 2.22

D. Facility Site Latitude (degrees, minutes, seconds): 36 41 50

Facility Site Longitude (degrees, minutes, seconds): 88 34 29

E. Method used to obtain latitude & longitude (see instructions): Topo Map coordinates

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

J.L. Barnett

Telephone Number:

(270) 762-0330

Operator Mailing Address (Street):

1022 Oaks Country Club Road

Operator Mailing Address (City, State, Zip Code):

Murray, KY 42071

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

IV

Certification Number:

8829

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0077429

Issue Date of Current Permit:

July 9, 2004

Expiration Date of Current Permit:

April 30, 2004

Number of Times Permit Reissued:

3

Date of Original Permit Issuance:

August 12, 1996

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

DMR Official Telephone Number:

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

McCoy & McCoy Labs

DMR Mailing Address:

PO Box 907

DMR Mailing City, State, Zip Code:

Madisonville, KY 42431

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Small Non-POTW

Filing Fee Enclosed:

\$ 200.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

Mr. ☒ Ms. ☐ Sam Willett, President

(270) 345-2116

SIGNATURE

DATE:

Sam Willett

8-1-08

KPDES FORM 1 -- INSTRUCTIONS

Listed below are explanations of select Form 1 questions. If further information is needed concerning any question, please contact Division of Water, KPDES Branch at (502) 564-3410.

I. Facility Location and Contact Information

- A. Use the official or legal name of the business, company, municipality, etc. requesting permit.
- B. The facility name should be the name by which the facility is commonly known and/or uniquely identified. The information given as the facility name and location address should be the actual location of the facility (i.e. road name, highway number, not the P O Box address).
- C. The primary mailing address should be the legal permittee of record and is the address where correspondence regarding the application, permit, etc. for the facility will be sent unless otherwise indicated. The owner mailing address is to be provided on a separate sheet if different from the primary mailing address.

II. Facility Description

- A. Briefly describe the nature of the business and the activities being conducted that require a KPDES permit.
- B. The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. These are found in the 1987 Edition of the Standard Industrial Classification (SIC) Manual. List the SIC codes(s) that best describe the products or services provided by the facility in descending order of importance. If an SIC code book is not available, please describe in detail the nature of the business and activities conducted so that an appropriate code can be assigned.

III. Facility Location

- A. Attach a U.S. Geological Survey (USGS), 7 1/2 minute topographic quadrangle map(s) extending at least one mile beyond the property boundary of the discharge source. Depict or mark the facility and each of its intake and discharge structures. Also mark the locations of those wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within one-quarter mile of the facility property boundary. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone: (859) 257-3896.
- B. List the county and, if applicable, city where facility is located.
- C. List the body of water receiving discharge.
- D. List the latitude and longitude for the facility site. The latitude/longitude reading for the site should be taken at the influent to the wastewater treatment plant, if applicable.
- E. List the method used to obtain the latitude and longitude (i.e. topo map coordinates, GPS reading, etc.)
- F. List the facility's Dun and Bradstreet Number if applicable.

IV. Owner/Operator Information

- A. Place a check in the applicable type ownership as listed.
- B. These sections must be completed by **all municipal and sanitary wastewater applicants** and other facilities as applicable.

List the name and address of the person who operates the sewage treatment plant.

Indicate if the operator is also the owner.

The operator must be currently certified with the Division of Water. For information concerning those requirements, contact: Division of Water, Certification Section, at (502) 564-3410.

List the Operator's Certification Class and Certification Number.

- V. List any existing environmental permits which the facility has or will be applying for.

- VI. List the address where Discharge Monitoring Report (DMR) forms are to be mailed.

VII. Application Filing Fee

The payment of a filing fee as listed below must accompany the application for a KPDES Permit. (Your check must be made payable to "Kentucky State Treasurer." For permit renewals, to ensure your account is properly credited, please include the KPDES permit number on the check.) This fee will be applied toward the final discharge permit fee. The filing fee is not refundable if the application is withdrawn or the permit is denied. Listed below are the facility categories, associated base fees, and application filing fees. (See the "General Instructions" for definitions of facility categories.)

Facility Category	Base Fee	Application Filing Fee
Major Industry	\$3,200	\$640
Minor Industry	\$2,100	\$420
Non-Process Industry	\$1,000	\$200
Large Non-POTW	\$1,700	\$340
Intermediate Non-POTW	\$1,500	\$300
Small Non-POTW	\$1,000	\$200
Agriculture	\$1,200	\$240
Surface Mining Operation	\$1,200	\$240
501(c)(3)	\$100	\$20

If this application is for a new project, see the General Instructions for the applicable Construction Permit fee.

A permit application cannot be processed unless the application filing fee and (if applicable) construction permit fee is enclosed.

Make your check payable to "Kentucky State Treasurer."

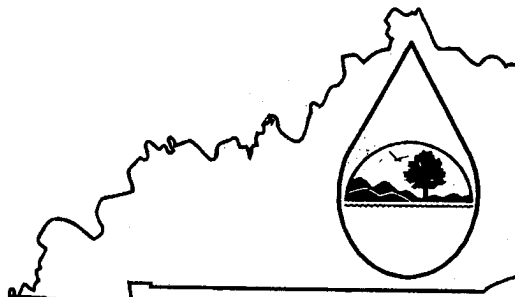
VIII. Certification

The permit application must be signed as follows:

Corporation: by a principal executive officer of at least the level of vice president.

Partnership or sole proprietorship: by a general partner or the proprietor respectively.

Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

RECEIVED

DEC 29 2008

DIVISION OF WATER

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Autumn Ridge Personal Care											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	7	7	4	2	9
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				7							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): 24 bed Retirement Home											
B. If new discharger, indicate anticipated discharge date:						N/A					
C. Indicate the design capacity of the treatment system:						0.004 MGD					

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	41	50	88	34	29	Unnamed tributary at
							mile point 0.32 to
							Little Mayfield Creek
							at mile point 2.22

Method used to obtain latitude/longitude
(i.e. GPS unit, USGS topographic map coordinates, etc.)

USGS Topographic Map (Farmington)

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)
 If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	24 bed Retirement Home	0.004 MGD	Aeration, Clarifier Chlorination	3A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Autumn Ridge Retirement Home	Present Time 10 Staff
	14 Residents
TOTAL POPULATION SERVED	24

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
N/A		

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	67	24.5	4
TOTAL SUSPENDED SOLIDS	310	82	4
FECAL COLIFORM	390	105	4
TOTAL RESIDUAL CHLORINE	N/A		
OIL AND GREASE	N/A		
CHEMICAL OXYGEN DEMAND	N/A		
TOTAL ORGANIC CARBON	N/A		
AMMONIA	< 1	< 1	4
DISCHARGE FLOW	0.002	.0011	4
PH	7.4	7.1	4
TEMPERATURE (WINTER)	N/A		
TEMPERATURE (SUMMER)	N/A		

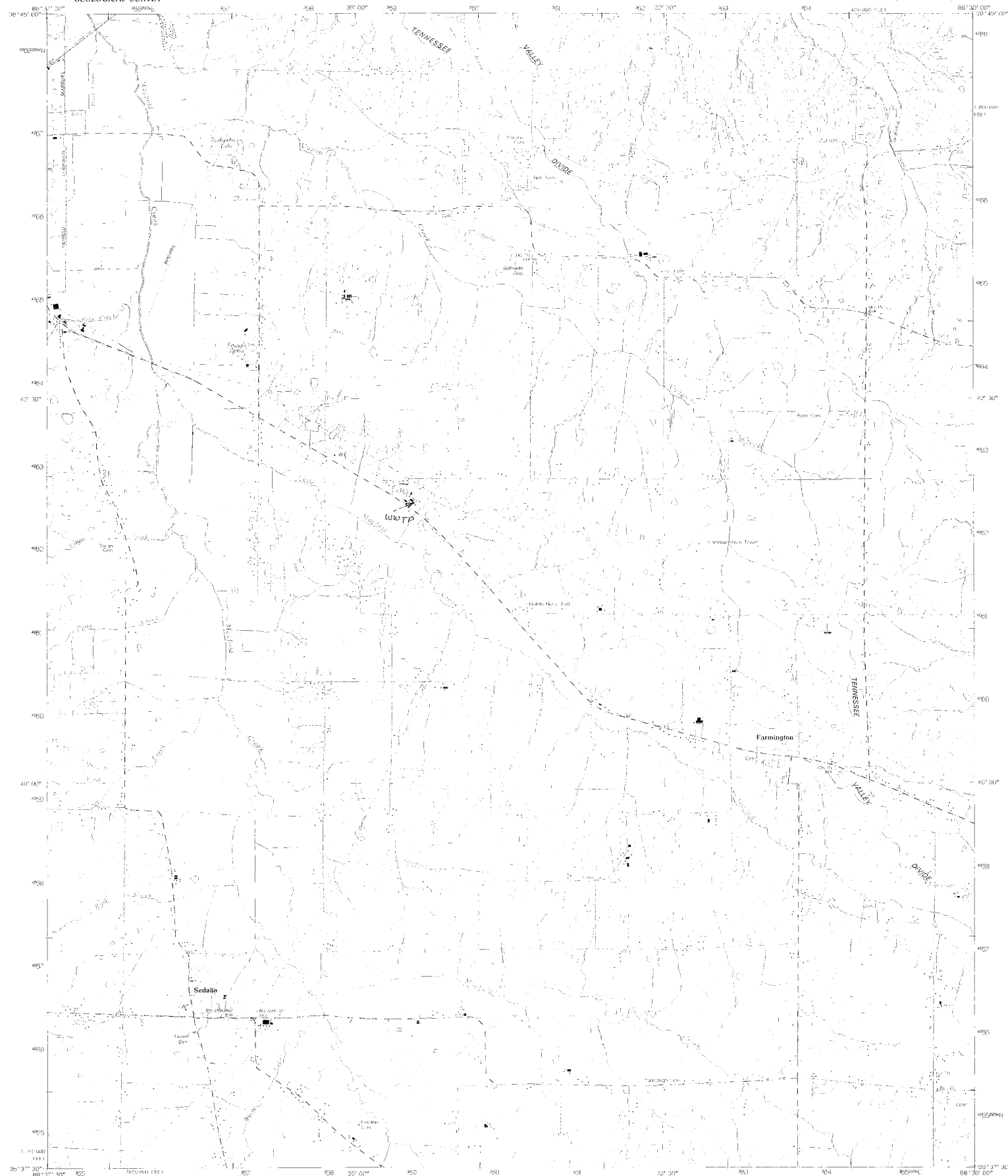
B. Frequency and duration of flow:

cont.

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Sam Willett, President	TELEPHONE NUMBER (area code and number): (270) 345-2116
SIGNATURE <i>Sam Willett</i>	DATE 8-1-08



Produced by the United States Geological Survey
in cooperation with Kentucky Geological Survey
Compiled by photogrammetric methods from imagery dated 1948
Field checked 1951. Revised from imagery dated 1965
Survey control current as of 1951. Map dated 1965.
Comments not printed.

North American Datum of 1983 (NAD 83). Projection and
scale: 1000-meter ticks: Universal Transverse Mercator, zone 16
10 000-foot ticks: Kentucky Coordinate System of 1983 (north zone)
North American Datum of 1927 (NAD 27) is shown by dashed
contour lines. The values of the shift between NAD 83 and NAD 27
for 7.5-minute rectangles are obtainable from National Geographic
Survey NAD/COS software.

FOR COPY AND INFO MATERIAL: NORTH
INDICATED BY CENTER OF SHEET

SCALE 1:24 000

CONTOUR INTERVAL 10 FEET
SUPPLEMENTARY CONTOUR INTERVAL 5 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
KENTUCKY GEOLOGICAL SURVEY, LEXINGTON, KENTUCKY 40506
AND KENTUCKY DEPARTMENT OF COMMERCE, HANSCREE, KENTUCKY 40601
AND U.S. TENNESSEE VALLEY AUTHORITY, CHATTANOOGA, TENNESSEE 37402
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE (ON REQUEST)

KENTUCKY
TENNESSEE
GRAVES CO.

QUADRANGLE LOCATION

1 2 3
4 5 6
7 8 9

1. Nelson 2.5M
2. Memphis 2.5M
3. Oak Grove 2.5M
4. Nashville 2.5M
5. Raleigh 2.5M
6. Raleigh 2.5M
7. Nashville 2.5M
8. Raleigh 2.5M
9. Nashville 2.5M

ROAD CLASSIFICATION (NVA 4-1)

Primary highway
Secondary highway
Light duty road, hard or
improved surface
Unimproved road

Interstate Route
U.S. Route
State Route

FARMINGTON, KY
36088-157E-024
1993

DMA 2257 II NE-SERIES 1953